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**\*\* CONTINUING DATA \*\*\*\*\***  
 N. C

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 N. C

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 01/22/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <u>CAO</u> Initials: _____	<b>STATE OR COUNTRY</b> MN	<b>SHEETS</b> DRAWING 5	<b>TOTAL</b> CLAIMS 20	<b>INDEPENDENT</b> CLAIMS 3
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**ADDRESS**  
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**TITLE**  
 Method and apparatus for correlating system resources to a particular line cord

<b>FILING FEE</b>  <b>RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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